

Dr. Gnanaavelu

SELF

CAG

MHI/DP/2022/104

| Medway Hospitals®<br>The way to better!<br>(A Unit of United Alliance Healthcare) |       | BILLING CARD              |            |   |       |  |            |
|-----------------------------------------------------------------------------------|-------|---------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------|------------|
| Patient Name                                                                      |       | Mrs. MUBARAK NISHA .S     |            | D.O.A.                                                                                                                                                                  |       | Time                                                                                |            |
| IP No.                                                                            |       | 21/09/2024/1P112024002229 |            |                                                                                                                                                                         |       |                                                                                     |            |
| Room No.                                                                          |       | Dr. G. GNANA VELU         |            |                                                                                                                                                                         |       |                                                                                     |            |
| TRANSFER DETAILS                                                                  |       |                           |            | Rent Per Day 200 RL                                                                                                                                                     |       |                                                                                     |            |
| Date                                                                              | Time  | From                      | To         | Nurse's Signature                                                                                                                                                       |       |                                                                                     |            |
| 21/9/24                                                                           | 13.40 | FO                        | RL         | [Signature]                                                                                                                                                             |       |                                                                                     |            |
| 21/9/24                                                                           | 13.55 | RL                        | Cath Lab   | [Signature]                                                                                                                                                             |       |                                                                                     |            |
| 21/9/24                                                                           | 16.40 | Cath lab                  | RL         | [Signature]                                                                                                                                                             |       |                                                                                     |            |
| OPERATION THEATRE                                                                 |       |                           |            |                                                                                                                                                                         |       |                                                                                     |            |
| Date : 21/9/24                                                                    |       |                           |            | OT No. : Cath lab 2                                                                                                                                                     |       |                                                                                     |            |
| Surgeon : Dr. Gnanaavelu                                                          |       |                           |            | Start Time : 16.10                                                                                                                                                      |       |                                                                                     |            |
| I Asst. Surgeon :                                                                 |       |                           |            | End Time : 16.30                                                                                                                                                        |       |                                                                                     |            |
| II Asst. Surgeon :                                                                |       |                           |            | Dis. Pack :                                                                                                                                                             |       |                                                                                     |            |
| III Asst. Surgeon :                                                               |       |                           |            | Diathermy :                                                                                                                                                             |       |                                                                                     |            |
| Anaesthetist :                                                                    |       |                           |            | C-Arm :                                                                                                                                                                 |       |                                                                                     |            |
| OT Nurse : P/w Abinaya                                                            |       |                           |            | Arthroscopy :                                                                                                                                                           |       |                                                                                     |            |
| Name of Surgery : CAG                                                             |       |                           |            | Laproscopy :                                                                                                                                                            |       |                                                                                     |            |
|                                                                                   |       |                           |            | Sevoflurane / Isoflurane :                                                                                                                                              |       |                                                                                     |            |
|                                                                                   |       |                           |            | Inj. Fentanyl : 2ml 10ml/inj. monphi:                                                                                                                                   |       |                                                                                     |            |
|                                                                                   |       |                           |            | Others :                                                                                                                                                                |       |                                                                                     |            |
| MONITOR                                                                           |       |                           |            | INFUSION PUMP                                                                                                                                                           |       |                                                                                     |            |
| Date                                                                              | Start | Date                      | Disconnect | Date                                                                                                                                                                    | Start | Date                                                                                | Disconnect |
|                                                                                   |       |                           |            |                                                                                                                                                                         |       |                                                                                     |            |
|                                                                                   |       |                           |            |                                                                                                                                                                         |       |                                                                                     |            |
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|                                                                                   |       |                           |            |                                                                                                                                                                         |       |                                                                                     |            |
|                                                                                   |       |                           |            |                                                                                                                                                                         |       |                                                                                     |            |
| OXYGEN                                                                            |       |                           |            | SYRINGE PUMP                                                                                                                                                            |       |                                                                                     |            |
| Date                                                                              | Start | Date                      | Disconnect | Date                                                                                                                                                                    | Start | Date                                                                                | Disconnect |
|                                                                                   |       |                           |            |                                                                                                                                                                         |       |                                                                                     |            |
|                                                                                   |       |                           |            |                                                                                                                                                                         |       |                                                                                     |            |
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|                                                                                   |       |                           |            |                                                                                                                                                                         |       |                                                                                     |            |
| ALPHA BED                                                                         |       |                           |            | SCD PUMP                                                                                                                                                                |       | VENTILATOR                                                                          |            |
| Date                                                                              | Start | Date                      | Disconnect | Date                                                                                                                                                                    | Start | Date                                                                                | Disconnect |
|                                                                                   |       |                           |            |                                                                                                                                                                         |       |                                                                                     |            |
|                                                                                   |       |                           |            |                                                                                                                                                                         |       |                                                                                     |            |
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[illegible]